

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. 85	
STANDARD CERTIFICATE OF DEATH		COUNTY	STATE	ARIZONA		REGISTERED NO. 129	
TOWNSHIP		OR VILLAGE					
CITY		NO.		4 Flagstaff Hospital		OR	
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED		YRS.		MOS.		DS.	
2. FULL NAME		Edna Buggeln Babbitt		HOW LONG IN U. S. IF OF FOREIGN BIRTH		YRS. MOS. DS.	
(A) RESIDENCE: NO. 303		Hillside		HOW LONG IN STATE WHEN DEATH OCCURRED		YRS. MOS. DS.	
(USUAL PLACE OF ABODE)		ST.		WARD		(IF NON-RESIDENT GIVE CITY OR TOWN AND STATE)	
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD)					
Female	White	Married					
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. R. Babbitt							
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1894							
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 DAY, HRS. OR MIN.			
42	42	10					
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC.							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR)							
11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION							
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Williams, Arizona							
13. NAME Martin Buggeln							
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) California							
15. MAIDEN NAME Heneritta Osick							
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Germany							
17. INFORMANT Martin Buggeln							
18. BURIAL, CREMATION, OR REMOVAL PLACE Flagstaff, Ariz. DATE Feb. 9, 1937							
19. EMBALMER LICENSE NO. 1550 SIGNATURE H. L. Compton							
FUNERAL DIRECTOR ADDRESS Flagstaff							
20. FILED Feb. 27, 1937 REGISTRAR H. L. Compton							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (MONTH, DAY, AND YEAR), Feb. 6, 1937							
22. I HEREBY CERTIFY, THAT I ATTENDED DECEASED FROM Dec. 27, 1936, TO Feb. 6, 1937							
I LAST SAW HER ALIVE ON Feb 6, 1937; DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT 9:50 A. M.							
THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS:							
Pulmonary Embolism							
DATE OF ONSET Feb 6, 1937							
OTHER CONTRIBUTORY CAUSES OF IMPORTANCE:							
Pulmonary Thrombophlebitis							
Pulmonary Infarction							
DATE OF ONSET Jan 5, 1937							
NAME OF OPERATION Hysterectomy DATE OF THE 28, 1936							
WHAT TEST CONFIRMED DIAGNOSIS? None WAS THERE AN AUTOPSY? No							
23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? DATE OF INJURY, 19							
WHERE DID INJURY OCCUR? (SPECIFY CITY OR TOWN, COUNTY AND STATE)							
SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE							
MANNER OF INJURY							
NATURE OF INJURY							
24. WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? No							
SO, SPECIFY (SIGNED) Rept. R. Hoffmann M. D.							
(ADDRESS) Flagstaff, Arizona							